

FILED JUL 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20987

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Novinger, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Fred Alfred Brocaille

3. (b) If veteran, name war None
 3. (c) Social Security No. 489-10-9821

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Marguerite Girotti
 6. (c) Age of husband or wife If alive _____ years
 7. Birth date of deceased May 15 1916
 (Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 7
 If less than one day
 hr. min.

9. Birthplace Novinger Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner11. Industry or business Mining12. Name Victor Brocaille

13. Birthplace Leno France
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Ireland
 (City, town, or county) (State or foreign country)

15. Birthplace Huntsville Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Girotti(b) Address Novinger, Mo

17. (a) Burial (b) Date thereof 6-24-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cemt.18. (a) Signature of funeral director Dr. Riley(b) Address Kirksville, Mo

19. (a) June 23/41 (b) Spencer L. Freeman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
 (c) City or town Novinger, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1941 hour 7 minute 35 a.m.

21. I hereby certify that I attended the deceased from June 22 1941, to June 22 1941

that I last saw him dead on June 22 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic interstitial nephritis (left St. John's Hosp. St. Louis, Mo., 2 days ago)

Due to _____
 Due to _____

Other conditions edema of lungs
 (Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. S. Gershuler (M. D. or other) 11
 Address Novinger, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 26 1941

MAY 15 1946

AUG 7 1948

SEP 20 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Doc Riley
.....
Licensed Embalmer No. 4181

P. O. Address.....
Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.